

State of Hawaii  
Department of Health  
Family Health Services Division

## **Request for Proposals**

### **RFP HTH 560KC-001 Comprehensive Primary Care Services**

Date Issued: September 12, 2012

Proposal Submittal Deadline: October 19, 2012

Orientation Session: September 20, 2012 @ 10:00 a.m., Family Health  
Services Division, 3652 Kilauea Avenue, Honolulu, HI 96816

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

September 12, 2012

## **REQUEST FOR PROPOSALS**

**HTH 560KC-001**

### **NOTICE**

The Department of Health, Family Health Services Division, is requesting proposals from qualified applicants to provide comprehensive primary care services to uninsured/underinsured individuals whose income is at or below two hundred fifty percent (250%) of the Federal poverty level.

#### **SUBMITTAL DEADLINE**

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by October 19, 2012 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than October 19, 2012, 4:30 p.m. Hawaii Standard Time (HST) at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

#### **MAIL-INS:**

Department of Health, Family Health  
Services Division  
3652 Kilauea Avenue  
Honolulu, HI 96816

#### **HAND DELIVERIES (DROP-OFF SITES):**

Oahu  
Department of Health, Family  
Health Services Division  
3652 Kilauea Avenue  
Honolulu, HI 96816

**Applicants are encouraged to attend the Orientation Meeting. (See Section 1)**

**INQUIRIES**

Inquiries regarding this RFP should be directed to the RFP contact person:

Catherine Sorensen, Dr. P.H., M.P.H.

Department of Health, Family Health Services Division

3652 Kilauea Avenue

Honolulu, HI 96816

(808) 733-8364

[catherine.sorensen@doh.hawaii.gov](mailto:catherine.sorensen@doh.hawaii.gov)

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# Section 1

## Administrative Overview

### I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	September 12, 2012
RFP orientation session	September 20, 2012
Due date for written questions	September 28, 2012
State purchasing agency's response to written questions	October 5, 2012
Proposal submittal deadline	October 19, 2012
Proposal evaluation period	October 19-26, 2012
Final revised proposals (optional)	
Provider selection	November 1, 2012
Notice of statement of findings and decision	November 2, 2012
Contract start date	July 1, 2013

## II. Websites Referenced in this RFP

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://www.spo.hawaii.gov)

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

### Non-SPO Websites

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	<a href="http://www.hawaii.gov/tax/">http://www.hawaii.gov/tax/</a> click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://www.capitol.hawaii.gov/">http://www.capitol.hawaii.gov/</a> click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://www.hawaii.gov/dcca">http://www.hawaii.gov/dcca</a> click "Business Registration"
11	Campaign Spending Commission	<a href="http://www.hawaii.gov/campaign">www.hawaii.gov/campaign</a>

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

## III. The Procurement Process

**Authority.** This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

**RFP Organization.** This RFP is organized into 4 sections:

**Section 1, Administrative Overview** - The procurement process; requirements for awardees.

**Section 2, Service Specifications** - Services to be delivered, applicant responsibilities, requirements for the proposal application.

**Section 3, Evaluation** - The method by which proposal applications will be evaluated.

**Section 4, Attachments** - Information and forms necessary to complete the application.

**RFP Orientation Session.** An orientation session to familiarize applicants with the procurement process and the requirements of the RFP shall be held. Applicants are encouraged to submit written questions prior to the orientation. Questions at the orientation are permitted, but oral questions should be submitted in writing by the date indicated in the Procurement Timetable to ensure an official written response.

*Date and time:* September  
20, 2012 @  
10:00 a.m.

*Location:* Department of Health, Family  
Health Services Division  
3652 Kilauea Avenue  
Honolulu, HI 96816

**Submission of Questions.** Applicants may submit written questions to the RFP Contact Person identified in the Notice. The written response by the State purchasing agency will be available to all applicants and placed on the RFP website.

*Deadline for submission of questions:*

*September 28, 2012*

**Discussions with Applicants.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

**Multiple or Alternate Proposals** - Multiple/alternate proposals are not applicable to this RFP.

**Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

**Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

**Opening of Proposals.** Upon receipt by a state purchasing agency at the designated location(s), proposal applications shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

**Public Inspection.** Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

**RFP Addenda.** The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

**Final Revised Proposals.** If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final offer/proposal.

**Cancellation of Request for Proposals.** The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with section 3-143-613, HAR.

**Costs for Proposal Preparation.** Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

**Provider Participation in Planning.** Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203, HAR.

**Rejection of Proposals.** A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons: 1) Failure to cooperate or deal in good faith (Section 3-141-201, HAR); 2) Inadequate accounting system (Section 3-141-202, HAR), 3) Late proposals (Section 3-143-603, HAR); 4) Inadequate response to request for proposals (Section 3-143-609, HAR); 5) Proposal not responsive (Section 3-143-610(a)(1), HAR), 6) Applicant not responsible (Section 3-143-610(a)(2), HAR).

**Notice of Award.** A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals. Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.



No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

**Protests.** Any applicant may file a protest against the awarding of a contract. The Notice of Protest form, SPO-H-801, all other forms and a detailed description of procedures are on the SPO website. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F, HRS;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F, HRS; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy, M.P.H., A.C.S.W.	Name: Gordon Takaki
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: 3652 Kilauea Avenue, Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813	Business Address: 3652 Kilauea Avenue, Honolulu, Hawaii 96816

**Availability of Funds.** The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

#### IV. Requirements for Awardees

**Tax Clearance.** If awarded, a certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required upon notice of award.

**Wages and Labor Law Compliance.** Prior to contract execution for service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, "Wages, hours, and working conditions of employees of contractors performing services."

**Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

**Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)

**Monitoring and Evaluation.** Criteria by which contracts will be monitored and evaluated is in Section 2.

**General and Special Conditions of Contract.** The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## Section 2

# Service Specifications

### I. Overview, Purpose or Need and Goals of Service

The Department of Health (“DEPARTMENT”), Family Health Services Division (“FHSD”), is soliciting applications for purposes of providing comprehensive primary care services to uninsured and underinsured individuals and families residing on the island of Oahu. Services include medical (perinatal, pediatric, adult primary care), behavioral health care, dental treatment, support services, and pharmaceutical services.

According to the U.S. Census Bureau, ten percent or 123,000 of Hawaii’s population was uninsured in 2002. Approximately 78,949 uninsured individuals are at or below 250% of the Federal poverty level and are potentially eligible to receive services under this Request for Proposals (“RFP”). (These figures are based on the U.S. Census Bureau, Bureau of Labor Statistics data). The DEPARTMENT contracts with community-based providers to serve uninsured and underinsured individuals that are at or below 250% of the Federal poverty level.

Access to primary health care services will reduce morbidity and mortality by providing timely, appropriate, and less expensive care, and thereby prevent the development and exacerbation of serious health conditions.

### II. Planning Activities

The FHSD conducted a Request for Information (“RFI”) from August 29, 2012 through September 7, 2012 to assist in its planning activities related to the provision of comprehensive health care services, statewide. Participants were provided with an electronic draft of the Service Specifications, and some of the comments/suggestions may have been incorporated into this section of the RFP.

### III. Demographics and Funding

Target population to be served:	<u>Uninsured/underinsured individuals</u>
Geographic coverage of service:	<u>Oahu</u>

Probable funding amounts, source, and period of availability:  
\$147,979 per year of State funds.

Single or multiple contracts to be awarded ☐ **Single** ☒ **Multiple** ☐ **Single & Multiple**  
(Refer to §3-143-206, HAR)

Criteria for multiple award: N/A

**Term of Contract(s)**

Initial term:	<u>July 1, 2013 to June 30, 2017</u>
Length of each extension:	<u>12 months</u>
Number of possible extensions	<u>Two</u>
Maximum length of contract:	<u>June 30, 2019</u>
Conditions for Extension:	

**IV. Service Activities**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

The awardee shall provide comprehensive primary care services by a multidisciplinary team which may include primary care physicians, psychiatrists, psychologists, certified mid-wives, nurse practitioners, physician assistants, nurses, social workers, community outreach workers, nutritionists, dieticians, and health educators. Each client visit shall address the physical, mental, emotional, and social concerns and needs of clients and their families in the context of their living conditions, family dynamics, cultural background and community. Services shall be culturally sensitive to the values and behavior of clients and their families, and be confidential, voluntary, and include health education and informed consent procedures.

The applicant shall provide medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for includes on-site behavioral health care, dental treatment, and pharmaceutical services.

**1. Medical Services**

- a) Provide on-site medical services that include, but are not limited to health assessments/physical examinations, acute/episodic care, chronic care, follow-up, and referral, which are not covered by insurance or other resources. Services shall be delivered by primary care physicians, certified nurse mid-wives, nurse practitioners, and physician assistants.

- b) Provide a comprehensive Physical Examination (“PE”) for children 0-18 years within 6 months of an initial episodic visit then at intervals following the Early and Periodic Screening, Diagnosis, and Treatment Program (“EPSDT”) periodicity schedule. The PE should include, but is not limited to:
- i. Assessment of the child’s risk for being overweight, utilizing the height to weight growth percentile for children under two (2) years old, and the Body Mass Index for Age (“BMI-for-Age”) measurement for children two (2) years old and over, following the Centers for Disease Control (“CDC”) guidelines ([www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)). If the child is at risk for overweight or is overweight, then include assessment, counseling and education of household members.
  - ii. Developmental screening (physical and social-emotional) of all children five (5) years old and under with the Parents’ Evaluation of Developmental Status (“PEDS”), see ([www.forepath.org](http://www.forepath.org)), and/or the Ages and Stages Questionnaire (“ASQ”) System which includes the ASQ - Hawaii version (compact disk will be provided by the Department of Health, Maternal and Child Health Branch (“MCHB”)) and the ASQ: Social-Emotional (“ASQ: SE”), see ([www.brookespublishing.com](http://www.brookespublishing.com)).
  - iii. Completion of the Child Lead Risk Questionnaire from six (6) months to six (6) years of age.
  - iv. Oral health assessment and education for all children.
  - v. Age-appropriate recommended immunizations for all children, with emphasis on the completion of the basic series by two (2) years of age.
  - vi. Developmentally appropriate anticipatory guidance and counseling.

Document above findings and refer as necessary. Technical Assistance will be provided by MCHB on request. Provide developmentally appropriate anticipatory guidance and counseling and document in record.

- c) Provide tuberculin testing/reading and immunizations as part of a comprehensive primary care visit and not bill separately for these services.

## **2. Behavioral Health Care Services**

The awardee may provide on-site behavioral health care services, as applicable. The awardee shall:

- a) Provide behavioral health care services which shall include psychiatric diagnostic or evaluative interview procedures; insight oriented, behavior modifying and/or supportive psychotherapy and pharmacologic management, as applicable.
- b) Ensure that services are provided by licensed psychiatrists, clinical psychologists, and clinical social workers (“LCSW”).
- c) Invoice the DEPARTMENT for behavioral health care services provided to individual clients only. (No reimbursements allowed for group therapy)
- d) Utilize the Current Procedural Terminology (“CPT”) codes for qualified behavioral health care services provided by licensed psychiatrists and psychologists for purposes of reimbursement.
- e) Utilize the Schedule of Allowable CPT codes for Licensed Clinical Social Workers Providing Behavioral Health Care Services for purposes of reimbursement. (Refer to Section 5, Attachment D)

## **3. Dental Treatment Services**

The awardee may provide, as applicable, on-site clinical services that include basic comprehensive treatment services only. The awardee shall:

- a) Provide basic services that shall include treatment necessary for the reduction of pain and/or infection and the restoration of function and excludes services provided solely for the purpose of aesthetic enhancement.

- b) Ensure that services are provided by licensed dentists and dental hygienists.
- c) Utilize the Schedule of Eligible Dental Treatment Services for purposes of reimbursement. (Refer to Section 5, Attachment E)

#### **4. Pharmaceutical Services**

The awardee may provide pharmaceutical services, as applicable. The awardee shall:

- a) Be registered as a covered entity under the federal 340B Drug Pricing Program to receive reimbursement for pharmaceuticals. Applicants who anticipate registering as a covered entity are encouraged to submit an application for pharmaceutical services via this RFP process.
- b) Ensure that pharmaceuticals are only dispensed by licensed pharmacists or other legally authorized professionals.
- c) Invoice the DEPARTMENT for filled prescriptions only. (Pharmaceutical related supplies are excluded.)

The DEPARTMENT reserves the right to exclude any pharmaceuticals from this program. (Refer to Section 5, Attachment C for a current list of excluded medications.)

#### **5. Support Services**

The awardee shall provide support services as part of a comprehensive primary care visit and not bill separately for these services. Services may include, but are not limited to psychosocial assessment, care coordination, information, referral, education, and outreach. These services are further described in Section 5, Attachment A of this RFP.

### **B. Management Requirements (Minimum and/or mandatory requirements)**

#### **1. Personnel**

Unencumbered license (as applicable) to practice in the State of Hawaii for the following professions:

- a) Medical Services - primary care physicians, certified nurse midwives, nurse practitioners, physician assistants

- b) Behavioral Health Care Services – psychiatrists, licensed clinical psychologists, LCSWs
- c) Dental Treatment Services – dentist, dental hygienists
- d) Pharmaceutical Services – pharmacists or other legally authorized professionals
- e) Support Services – nurses, social workers, nutritionists, dieticians

## **2. Administrative**

The awardee shall:

- a) Document income and insurance eligibility in client record on a permanent basis for each visit billed to the DEPARTMENT.
- b) Submit claims for medical services, behavioral health care services, dental treatment services and pharmaceutical services, as applicable, to all billable third-party health insurers and other resources for recoverable costs. All other sources of funds shall be utilized before using funds from the DEPARTMENT and consistent efforts shall be made to refer clients for any insurance, if eligible. Any uninsured client visits paid to the awardee by the DEPARTMENT for which subsequent reimbursement is received from Medicaid or QUEST due to confirmation of eligibility shall be returned to the DEPARTMENT. A final reconciliation of Medicaid or QUEST reimbursements shall be completed within one hundred twenty (120) calendar days after the termination of the contract.
- c) Ensure that all coverage limitations from third-party insurers have been met before billing for an underinsured visit. Reimbursements for underinsured visits shall only apply to individuals and families whose income falls within two hundred fifty percent (250%) of the Federal poverty guidelines.
- d) Invoice the DEPARTMENT for services covered under Section III, Scope of Work only. The DEPARTMENT shall not pay for specialty or any other services excluded from the Scope of Work.
- e) Invoice the DEPARTMENT for no more than one (1) medical visit per client per day based on primary diagnosis only. The only exceptions are same day referrals for behavioral health care services and/or dental treatment services.



- f) Maintain a schedule of fees which is designed to recover reasonable costs for providing services, including a corresponding schedule of adjustments based on the client's ability to pay.
- g) Assume responsibility for its own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996. ("HIPAA")
- h) Have written policies, procedures, and guidelines to address violence prevention among the awardee's target population, including child abuse and neglect, elder abuse, intimate partner violence, and sexual assault. The violence protocol shall address screening and assessment, intervention, documentation, and follow-up. The awardee shall also have written workplace violence guidelines to assure the safety of employees, clients, and visitors.
- i) Acknowledge the DEPARTMENT and the FHSD as the awardee's program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
- j) Comply with the DEPARTMENT's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. Please refer to Section 5, Attachment B of this RFP.
- k) Comply with Section 11-205.5, H.R.S., which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.
- l) Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II, Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language.
- m) Obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:
  - 1. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

2. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.
- n) Comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated into the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>.

### **3. Quality assurance and evaluation specifications**

The awardee shall conform to established community standards of care and practice which include, but are not limited to the following:

- a) Early Periodic Screening, Diagnosis and Treatment ("EPSDT")
- b) American College of Obstetricians and Gynecologists ("ACOG")
- c) American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org))
- d) Department of Health Statewide Perinatal Guidelines
- e) Put Prevention into Practice Guidelines (U.S. Preventive Services Task Force)
- f) Standards of care as addressed within policies and positions of the American Dental Association and the American Academy of Pediatric Dentistry

The awardee shall have a quality assurance plan in place to evaluate their adherence to the standards.

### **4. Output and performance/outcome measurements**

As a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services, the FHSD will require the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving short term performance objectives for specific health indicators, given available resources and other external factors affecting the organization. These short term performance objectives are linked to long-term state-wide objectives that measure conditions in their entirety, e.g., the Healthy People 2010 objectives. Defined performance objectives are

addressed in the Service Delivery section of the POS Proposal Application. (Refer to Section 3, Item I. D.)

The DEPARTMENT reserves the right to modify the performance measures during the term of the contract to incorporate measures for all service activities under the Scope of Work.

**5. Experience**

The awardee shall have experience in providing comprehensive primary care services to low income individuals and families.

**6. Coordination of services**

The awardee shall coordinate services with other agencies and resources in the community as necessary.

**7. Reporting requirements for program and fiscal data**

Program Reporting Requirements. The awardee shall submit the Annual Variance Report within sixty (60) calendar days after the end of the fiscal year in the format requested by the DEPARTMENT, documenting the organization's achievement towards the planned performance objectives for the budget period (as submitted under their application proposal) and explaining any significant variances (+/-10%).

Fiscal Reporting Requirements. The awardee shall:

- a. Submit monthly client encounter reports in hardcopy format for pharmaceutical services (filled prescriptions only).
- b. Upload monthly client encounter reports electronically to "CHCPoint," the DEPARTMENT's primary care electronic billing system, and reconcile any rejected transactions within the time period specified by the DEPARTMENT.
- c. Submit monthly invoices in the format specified by the DEPARTMENT.

**C. Facilities**

Facilities must be adequate in relation to the proposed services.

**B. Compensation and Method of Payment**

**A. Pricing structure or pricing methodology to be used**

Fixed unit of service rate.

**B. Units of service and unit rate**

- a. *Medical services.* The unit of service is an uninsured and/or underinsured medical visit. The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per medical visit.
- b. *Behavioral health care services.* The unit of service is an uninsured and/or underinsured behavioral health care visit provided to an individual only (no reimbursement is allowed for group therapy). The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per uninsured behavioral health care visit provided by licensed psychiatrists and licensed clinical psychologists and FIFTY AND NO/100 DOLLARS (\$50.00) per uninsured and/or underinsured behavioral health care visit provided by LCSWs.
- c. *Dental treatment services.* The unit of service is an uninsured and/or underinsured dental treatment visit. The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per uninsured and/or underinsured dental treatment visit.
- d. *Pharmaceutical services.* The unit of service is a *filled* prescription order for pharmaceuticals issued by a licensed health professional for an uninsured and/or underinsured client. The unit rate is FIFTEEN AND NO/100 DOLLARS (\$15.00) per filled prescription, which also includes any relevant dispensing and/or administrative fees. The DEPARTMENT shall not pay for pharmaceuticals which were obtained at no cost to the awardee, e.g. manufacturer's sample and any administrative or dispensing fees related thereto.

The DEPARTMENT reserves the right to review and adjust the unit rates above. The DEPARTMENT also reserves the right to modify the pricing structure used for pharmaceutical services.

## Section 3

# Proposal Application

### I. Instructions for Completing the Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*

### II. Submission of Proposal Application Documents

The proposal application documents are as follows and shall be submitted in the following order:

- *Proposal Application Identification Form (SPO-H-200)* Identifies the proposal application.
- *Table of Contents-* Include a listing of all documents included in the application.
- *Proposal Application Short-Form 1 (SPO-H 250)*
  - Qualifications
  - Other – Litigation
- *Attachments*
  - *Table A – Outcome and Performance Measures*

The required format for the Proposal Application Short Form 1 (SPO-H 250) follows. Note that the form is available on the SPO website (see Section 1, paragraph II, Website Reference). The form on the website will not include items specific to each RFP. If using the website form, the applicant must incorporate all items listed on the next page.

## **Proposal Application Short Form 1**

### **I. Qualifications**

#### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

#### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail address and telephone numbers. The State reserves the right to contact references to verify experience.

#### **C. Service Delivery**

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

##### **1) Service Activities**

Applicants are responsible to address only those bullets that are related to the services they are applying for. Applicants shall:

- Describe plan for providing on-site medical services to uninsured and underinsured individuals and families utilizing a multidisciplinary team approach. The plan shall delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity.
- Describe plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured and underinsured individuals and families, and also describe the kinds of professional(s) responsible for providing these services.
- Specify whether on-site behavioral health care services will be provided for uninsured and underinsured individuals and families and describe their plan for implementing these services within the context of comprehensive

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

primary care services. The plan shall include estimates of target population size and projected program capacity.

- Specify whether on-site dental treatment services will be provided for uninsured and underinsured individuals and families and describe their plan for implementing these services. The plan shall include target population size and projected program capacity.
- Specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program and describe their process for dispensing pharmaceuticals, e.g. in-house pharmacy versus private pharmacy and methodology for verification of filled prescriptions for fiscal accountability. If not a covered entity, describe plans for registering to become a covered entity under the federal 340B Drug Pricing Program, process for dispensing pharmaceuticals under this plan and methodology for verification of filled prescriptions for fiscal accountability.

#### **D. Management Requirements**

Applicants shall identify their baseline for the national year 2010 and Family Health Services Division performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the multi-year contract period. Table A (Performance Measures) shall be completed and attached to the POS Application Proposal. (Refer to Section 5, Attachment F).

#### **E. Organization**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

#### **F. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

## **II. Other**

Litigation

## **Section 4**

# **Proposal Evaluation**

### **Evaluation Process**

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

### **Evaluation Criteria**

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process.

#### **A. Necessary Skills (10 pts.)**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

#### **B. Experience (10 pts.)**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail address and telephone numbers. The State reserves the right to contact references to verify experience.

#### **C. Service Delivery (Total of 60 pts.)**

##### **(30 pts.)**

- Adequacy of plan for providing on-site medical services to uninsured and underinsured individuals and families utilizing a multidisciplinary team approach. The plan shall delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity.



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**(15 pts.)**

- Adequacy of plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured and underinsured individuals and families, and also describe the kinds of professional(s) responsible for providing these services.

**(5 pts.)**

- Does the applicant specify whether on-site behavioral health care services will be provided for uninsured and underinsured individuals and families and describe their plan for implementing these services within the context of comprehensive primary care services. The plan shall include estimates of target population size and projected program capacity.

**(5 pts.)**

- Does the applicant specify whether on-site dental treatment services will be provided for uninsured and underinsured individuals and families and describe their plan for implementing these services. The plan shall include target population size and projected program capacity.

**(5 pts.)**

- Does the applicant specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program and describe their process for dispensing pharmaceuticals, e.g. in-house pharmacy versus private pharmacy and methodology for verification of filled prescriptions for fiscal accountability. If not a covered entity, describe plans for registering to become a covered entity under the federal 340B Drug Pricing Program, process for dispensing pharmaceuticals under this plan and methodology for verification of filled prescriptions for fiscal accountability.

**D. Organization (15 pts.)**

Approach and rationale for the structure, functions and staffing of the proposed organization for the overall service activities and tasks.

**E. Facilities (5 pts.)**

Adequacy of facilities relative to the proposed services.

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

## **Section 5**

### **Attachments**

- A. Description of Support Services
- B. DOH Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
- C. Excluded Medications
- D. Schedule of Allowable CPT codes for Licensed Clinical Social Workers Providing Behavioral Health Care Services
- E. Schedule of Eligible Dental Treatment Services
- F. Table A – Performance Measures

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

## **SUPPORT SERVICES**

1. Individual client needs assessment which includes a plan of care developed in collaboration with the client and/or family. This plan of care shall specify outcomes to be achieved, timelines, linkages to appropriate resources, and follow-up services as necessary.
2. Care coordination, under the direction of an identified care coordinator, to clients who are determined to be at high risk for poor medical outcomes by established protocols. Services shall be outcome-based, coordinated, and planned with clients and/or families, and shall include individual and/or family counseling and support services, linkage to appropriate resources, and monitoring of clients' progress toward planned outcomes.
3. Assistance to clients in securing and/or maintaining a medical home which provides continuity in well, acute, and chronic health care.
4. Information and referral services regarding appropriate resources and needed services. Referrals shall be timely and include, but not be limited to referrals to family support and home visitor programs, QUEST, Women, Infants and Children nutrition program, dental services, and other health and social agencies.
5. Individual outreach and educational services which are integrated with appropriate health services and specific to the individual's identified needs, which shall include, but not be limited to, health promotion, immunization, family planning, and prenatal care.

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Applicant: \_\_\_\_\_

LINDA LINGLE  
GOVERNOR OF HAWAII



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health

A handwritten signature in black ink, appearing to read "Chiyome Leinaala Fukino".

SUBJECT: **INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS**

04-1.1 **PURPOSE**

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 **POLICY**

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

Intra-Departmental Directive 04-01  
May 3, 2004

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- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3 **SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4 **DEFINITIONS**

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health

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Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

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04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

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Applicant: \_\_\_\_\_

Intra-Departmental Directive 04-01  
May 3, 2004 Page 5 of 5

04-1.7

**REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**



RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

## **EXCLUDED MEDICATIONS**

The following medications are excluded from this Contract:

- Anti-leprotic medications (e.g., Dapsone, Lamprone) for leprosy are not covered.
- Drugs used to treat pulmonary tuberculosis are not covered (rifampin, ethambutol, pyrazinamide).
- Fertility agents.
- Rogaine/Minoxidil/Propecia/Renova/Cosmetic and agents for cosmetic purposes. (Retin-A and acne medications are covered when used for acne/dermatoses.)
- Smoking cessation products with the exception of Zyban.
- Vaccines for travel. (Japanese encephalitis, typhoid, yellow fever, cholera)
- Drugs used to treat impotence (e.g. Viagra, Cialis)

RFP No: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

**SCHEDULE OF ALLOWABLE CURRENT PROCEDURAL TERMINOLOGY CODES  
 FOR LICENSED CLINICAL SOCIAL WORKERS PROVIDING BEHAVIORAL  
 HEALTH CARE SERVICES**

<b>CPT-4 Codes</b>		<b>Description</b>
90801	LCSW	Psychiatric diagnostic interview examination.
90804	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90806	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90808	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
90810	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90812	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90814	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.

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Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

## **Schedule of Eligible Dental Treatment Services**

### **Current Dental Terminology**

### **CDT 2011-2012**

(Note: The shaded CDT Codes are Excluded Procedures)

#### **Diagnostic**

##### **Clinical Oral Evaluations**

- D0120 periodic oral evaluation
- D0140 limited oral evaluation
- D0145 oral evaluation of pt. under 3 yo and counseling of care giver
- D0150 comprehensive oral evaluation - new or established patients
- D0160 detailed and extensive oral evaluation - problem, focused by report
- D0170 re-evaluation-limited, problem focused (established patient, not post-operative visit)
- D0180 comprehensive periodontal evaluation

##### **Radiographs/Diagnostic Imaging**

- D0210 intraoral - complete series (including bitewings)
- D0220 intraoral - periapical first film
- D0230 intraoral - periapical each additional film
- D0240 intraoral - occlusal film
- D0250 extraoral - first film
- D0260 extraoral - each additional film
- D0270 bitewing - single film
- D0272 bitewings - two films
- D0273 bitewings - three films
- D0274 bitewings - four films
- D0277 vertical bitewings - 7-8 films
- D0290 posterior-anterior or lateral skull and facial bone survey film
- D0310 sialography
- D0320 tmj arthrograph, by report
- D0321 other temporomandibular joint films, by report
- D0322 tomographic survey
- D0330 panoramic film
- D0340 cephalometric film
- D0350 oral/facial photo images (includes intra and extraoral images)
- D0360 cone beam CT
- D0362 cone beam - 2 dimensional, includes multiple images
- D0363 cone beam - 3 dimensional, includes multiple images

##### **Tests and Examinations**

- D0415 bacteriologic studies for determination of pathologic agents
- D0416 viral culture
- D0421 genetic test for oral disease susceptibility
- D0425 caries susceptibility tests
- D0431 pre-diagnostic test for mucosal abnormality susceptibility, not to include cytology or biopsy
- D0460 pulp vitality tests
- D0470 diagnostic casts

##### **Oral Pathology Laboratory**

- D0472 accession of tissue, gross examination, preparation and transmission of written report
- D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D0475 decalcification procedure  
D0476 special stain for microorganisms  
D0477 special stain, not for microorganisms  
D0478 immunohistochemical stains  
D0479 tissue in-situ hybridization, including interpretation  
D0480 processing and interpretation of cytologic smear, including the preparation and transmission of written report  
D0481 electron microscopy, diagnostic  
D0482 direct immunofluorescence  
D0483 indirect immunofluorescence  
D0484 consultation on slides prepared elsewhere  
D0485 consultation, including preparation of slides  
D0486 accession of transepithelial cytologic sample, microscopic examination and transmission of written report  
D0502 other oral pathology procedures, by report  
D0999 unspecified diagnostic procedure, by report

### **Preventive**

#### **Dental Prophylaxis**

D1110 prophylaxis - adult  
D1120 prophylaxis - child

#### **Topical Fluoride Treatment (Office Procedure)**

D1203 topical application of fluoride (prophylaxis not included) - child  
D1204 topical application of fluoride (prophylaxis not included) - adult  
D1206 fluoride varnish, therapeutic for moderate to high caries risk patients

#### **Other Preventive Services**

D1310 nutritional counseling for control of dental disease  
D1320 tobacco counseling for the control and prevention of oral disease  
D1330 oral hygiene instructions  
D1351 sealant - per tooth  
D1352 preventive resin restoration in a moderate to high caries risk patient—permanent tooth

#### **Space Maintenance**

D1510 space maintainer - fixed - unilateral  
D1515 space maintainer - fixed - bilateral  
D1520 space maintainer - removable - unilateral  
D1525 space maintainer - removable - bilateral  
D1550 re-cementation of space maintainer  
D1555 removal of fixed space maintainer

### **Restorative**

#### **Amalgam Restorations**

D2140 amalgam - one surface, primary or permanent  
D2150 amalgam - two surfaces, primary or permanent  
D2160 amalgam - three surfaces, primary or permanent  
D2161 amalgam - four or more surfaces, primary or permanent

#### **Resin-based Composite Restorations-Direct**

D2330 resin-based composite - one surface, anterior  
D2331 resin-based composite - two surfaces, anterior  
D2332 resin-based composite - three surfaces, anterior  
D2335 resin-based composite - four or more surfaces or involving incisal angle (anterior)  
D2390 resin-based composite crown, anterior

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D2391 resin-based composite - one surface, posterior
- D2392 resin-based composite - two surfaces, posterior
- D2393 resin-based composite - three surfaces, posterior
- D2394 resin-based composite - four or more surfaces, posterior

#### Gold Foil Restorations

- D2410 gold foil - one surface
- D2420 gold foil - two surfaces
- D2430 gold foil - three surfaces

#### Inlay/Onlay Restorations

- D2510 inlay - metallic - one surface
- D2520 inlay - metallic - two surfaces
- D2530 inlay - metallic - three or more surfaces
- D2542 onlay-metallic-two surfaces
- D2543 onlay-metallic-three surfaces
- D2544 onlay-metallic-four or more surfaces
  
- D2610 inlay - porcelain/ceramic - one surface
- D2620 inlay - porcelain/ceramic - two surfaces
- D2630 inlay - porcelain/ceramic - three or more surfaces
- D2642 onlay - porcelain/ceramic - two surfaces
- D2643 onlay - porcelain/ceramic - three surfaces
- D2644 onlay - porcelain/ceramic - four or more surfaces
- D2650 inlay - resin-based composite - one surface
- D2651 inlay - resin-based composite - two surfaces
- D2652 inlay - resin-based composite - three or more surfaces
- D2662 onlay - resin-based composite - two surfaces
- D2663 onlay - resin-based composite - three surfaces
- D2664 onlay - resin-based composite - four or more surfaces

#### Crowns – Single Restorations Only

- D2710 crown - resin (indirect)
- D2712 crown –  $\frac{3}{4}$  resin-based composite (indirect)
- D2720 crown - resin with high noble metal
- D2721 crown - resin with predominantly base metal
- D2722 crown - resin with noble metal
- D2740 crown - porcelain/ceramic substrate
- D2750 crown - porcelain fused to high noble metal
- D2751 crown - porcelain fused to predominantly base metal
- D2752 crown - porcelain fused to noble metal
- D2780 crown -  $\frac{3}{4}$  cast high noble metal
- D2781 crown -  $\frac{3}{4}$  cast predominantly base metal
- D2782 crown -  $\frac{3}{4}$  cast noble metal
- D2783 crown -  $\frac{3}{4}$  porcelain/ceramic
- D2790 crown - full cast high noble metal
- D2791 crown - full cast predominantly base metal
- D2792 crown - full cast noble metal
- D2794 crown - titanium
- D2799 provisional crown

#### Other Restorative Services

- D2910 recement inlay
- D2915 recement cast or pre-fab post and core
- D2920 recement crown

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D2930 prefabricated stainless steel crown - primary tooth
- D2931 prefabricated stainless steel crown - permanent tooth
- D2932 prefabricated resin crown
- D2933 prefabricated stainless steel crown with resin window
- D2944 prefabricated esthetic coated stainless steel crown – primary tooth
- D2940 protective restoration
- D2950 core buildup, including any pins
- D2951 pin retention - per tooth, in addition to restoration
- D2952 post and core in addition to crown, indirect (cast)
- D2953 each additional cast post - same tooth
- D2954 prefabricated post and core in addition to crown
- D2955 post removal (not in conjunction with endodontic therapy)
- D2957 each additional prefabricated post - same tooth (with D2954)
- D2960 labial veneer (resin laminate) - chairside
- D2961 labial veneer (resin laminate) - laboratory
- D2962 labial veneer (porcelain laminate) - laboratory
- D2970 temporary crown (fractured tooth)
- D2971 additional procedures to construct crown under existing partial denture
- D2975 coping
- D2980 crown repair, by report
- D2999 unspecified restorative procedure, by report**

#### **Endodontics**

##### **Pulp Capping**

- D3110 pulp cap - direct (excluding final restoration)
- D3120 pulp cap - indirect (excluding final restoration)

##### **Pulpotomy**

- D3220 therapeutic pulpotomy (excluding final restoration)
- D3221 pulpal debridement, primary and permanent teeth**
- D3222 partial pulpotomy for apexogenesis – permanent tooth with incomplete root development

##### **Endodontic Therapy on Primary Teeth**

- D3230 pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
- D3240 pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)

##### **Endodontic Therapy**

- D3310 anterior (excluding final restoration)
- D3320 bicuspid (excluding final restoration)
- D3330 molar (excluding final restoration)
- D3331 treatment of root canal obstruction; non-surgical access
- D3332 incomplete endodontic therapy; inoperable or fractured tooth
- D3333 internal root repair of perforation defects

##### **Endodontic Retreatment**

- D3346 retreatment of previous root canal therapy - anterior
- D3347 retreatment of previous root canal therapy – bicuspid
- D3348 retreatment of previous root canal therapy – molar

##### **Apexification/Recalcification and Pulpal Regeneration Procedures**

- D3351 apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
- D3352 apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D3353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.
- D3354 pulpal regeneration—(completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration

#### Apicoectomy/Periradicular Services

- D3410 apicoectomy/periradicular surgery - anterior
- D3421 apicoectomy/periradicular surgery - bicuspid (first root)
- D3425 apicoectomy/periradicular surgery- molar (first root)
- D3426 apicoectomy/periradicular surgery (each additional root)
- D3430 retrograde filling - per root
- D3450 root amputation - per root
- D3460 endodontic endosseous implant
- D3470 intentional reimplantation (including necessary splinting)

#### Other Endodontic Procedures

- D3910 surgical procedure for isolation of tooth with rubber dam
- D3920 hemisection (including any root removal), not including root canal therapy
- D3950 canal preparation and fitting of preformed dowel or post
- D3999 unspecified endodontic procedure, by report

#### Periodontics

##### Surgical Services

- D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 gingivectomy or gingivoplasty - one to three teeth, per quadrant
- D4230 anatomical crown exposure, four or more contiguous teeth per quadrant
- D4240 gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 gingival flap procedure, including root planing - one to three teeth, per quadrant
- D4245 apically positioned flap
- D4249 clinical crown lengthening - hard tissue
- D4260 osseous surgery (including flap entry and closure) -four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 osseous surgery (including flap entry and closure) - one to three contiguous teeth, per quadrant
- D4263 bone replacement graft - first site in quadrant
- D4264 bone replacement graft - each additional site in quadrant
- D4265 biologic materials to aid in soft and osseous tissue regeneration
- D4266 guided tissue regeneration - resorbable barrier, per site
- D4267 guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)
- D4268 surgical revision procedure, per tooth
- D4270 pedicle soft tissue graft procedure
- D4271 free soft tissue graft procedure (including donor site surgery)
- D4273 subepithelial connective tissue graft procedures
- D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 soft tissue allograft
- D4276 combined connective tissue and double pedicle graft

##### Non-Surgical Periodontal Service

- D4320 provisional splinting - intracoronal
- D4321 provisional splinting - extracoronal
- D4341 periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
- D4342 periodontal scaling and root planing - one to three teeth, per quadrant

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D4355 full mouth debridement to enable comprehensive evaluation and diagnosis  
D4381 localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased  
crevicular tissue, per tooth, by report

#### Other Periodontal Services

D4910 periodontal maintenance  
D4920 unscheduled dressing change (by someone other than treating dentist)  
D4999 unspecified periodontal procedure, by report

#### Removable Prosthodontics

##### Complete Dentures

D5110 complete denture - maxillary  
D5120 complete denture - mandibular  
D5130 immediate denture - maxillary  
D5140 immediate denture - mandibular

##### Partial Dentures

D5211 maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  
D5212 mandibular partial denture - resin base (including any conventional clasps, rests and teeth)  
D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
D5214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
D5225 maxillary partial denture, flexible base  
D5226 mandibular partial denture, flexible base  
D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth)

##### Adjustments to Dentures

D5410 adjust complete denture - maxillary  
D5411 adjust complete denture - mandibular  
D5421 adjust partial denture - maxillary  
D5422 adjust partial denture - mandibular

##### Repairs to Complete Dentures

D5510 repair broken complete denture base  
D5520 replace missing or broken teeth - complete denture (each tooth)

##### Repairs to Partial Dentures

D5610 repair resin denture base  
D5620 repair cast framework  
D5630 repair or replace broken clasp  
D5640 replace broken teeth - per tooth  
D5650 add tooth to existing partial denture  
D5660 add clasp to existing partial denture  
D5670 replace all teeth and acrylic on cast metal framework (maxillary)  
D5671 replace all teeth and acrylic on cast metal framework (mandibular)

##### Denture Rebase Procedures

D5710 rebase complete maxillary denture  
D5711 rebase complete mandibular denture  
D5720 rebase maxillary partial denture  
D5721 rebase mandibular partial denture

##### Denture Reline Procedures

D5730 reline complete maxillary denture (chairside)



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Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D5731 reline complete mandibular denture (chairside)  
D5740 reline maxillary partial denture (chairside)  
D5741 reline mandibular partial denture (chairside)  
D5750 reline complete maxillary denture (laboratory)  
D5751 reline complete mandibular denture (laboratory)  
D5760 reline maxillary partial denture (laboratory)  
D5761 reline mandibular partial denture (laboratory)

#### Interim Prosthesis

D5810 interim complete denture (maxillary)  
D5811 interim complete denture (mandibular)  
D5820 interim partial denture (maxillary)  
D5821 interim partial denture (mandibular)  
D5850 tissue conditioning, maxillary  
D5851 tissue conditioning, mandibular  
D5860 overdenture - complete, by report  
D5861 overdenture - partial, by report  
D5862 precision attachment, by report  
D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component)  
D5875 modification of removable prosthesis following implant surgery  
D5899 unspecified removable prosthodontic procedure, by report

#### Maxillofacial Prosthetics

D5911 facial moulage (sectional)  
D5912 facial moulage (complete)  
D5913 nasal prosthesis  
D5914 auricular prosthesis  
D5915 orbital prosthesis  
D5916 ocular prosthesis  
D5919 facial prosthesis  
D5922 nasal septal prosthesis  
D5923 ocular prosthesis, interim  
D5924 cranial prosthesis  
D5925 facial augmentation implant prosthesis  
D5926 nasal prosthesis, replacement  
D5927 auricular prosthesis, replacement  
D5928 orbital prosthesis, replacement  
D5929 facial prosthesis, replacement  
D5931 obturator prosthesis, surgical  
D5932 obturator prosthesis, definitive  
D5933 obturator prosthesis, modification  
D5934 mandibular resection prosthesis with guide flange  
D5935 mandibular resection prosthesis without guide flange  
D5936 obturator prosthesis, interim  
D5937 trismus appliance (not for TMD treatment)  
D5951 feeding aid  
D5952 speech aid prosthesis, pediatric  
D5953 speech aid prosthesis, adult  
D5954 palatal augmentation prosthesis  
D5955 palatal lift prosthesis, definitive  
D5958 palatal lift prosthesis, interim  
D5959 palatal lift prosthesis, modification  
D5960 speech aid prosthesis, modification  
D5982 surgical stent

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D5983 radiation carrier
- D5984 radiation shield
- D5985 radiation cone locator
- D5986 fluoride gel carrier
- D5987 commissure splint
- D5988 surgical splint
- D5992 adjust maxillofacial prosthetic appliance, by report
- D5993 maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
- D5999 unspecified maxillofacial prosthesis, by report**

## **Implant Services**

### **Pre-Surgical Services**

- D6190 radiographic/surgical implant index, by report

### **Surgical Services**

- D6010 surgical placement of implant body: endosteal implant
- D6012 surgical placement of interim implant body for transitional prosthesis, endosteal implant
- D6040 surgical placement: eposteal implant
- D6050 surgical placement: transosteal implant
- D6053 implant/abutment supported removable denture for completely edentulous arch
- D6054 implant/abutment supported removable denture for partially edentulous arch

### **Implant Supported Prosthetics**

- D6055 connecting bar—implant supported or abutment supported
- D6056 prefabricated abutment
- D6057 custom abutment
- D6058 abutment supported porcelain/ceramic crown
- D6059 abutment supported porcelain fused to metal crown (high noble metal)
- D6060 abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 abutment supported porcelain fused to metal crown (noble metal)
- D6062 abutment supported cast metal crown (high noble metal)
- D6063 abutment supported cast metal crown (predominantly base metal)
- D6064 abutment supported cast metal crown (noble metal)
- D6065 implant supported porcelain/ceramic crown
- D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068 abutment supported retainer for porcelain/ceramic FPD
- D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 abutment supported retainer for cast metal FPD (high noble metal)
- D6073 abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 abutment supported retainer for cast metal FPD (noble metal)
- D6075 implant supported retainer for ceramic FPD
- D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

### **Other Implant Services**

- D6080 implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6090 repair implant supported prosthesis, by report
- D6091 replacement of semi-precision or precision implant attachment
- D6092 recement implant/abutment support crown

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D6093 recement implant/abutment supported fixed partial denture  
D6094 abutment supported crown, titanium  
D6095 repair implant abutment, by report  
D6100 implant removal, by report  
D6194 abutment support retainer crown for FPD, titanium  
**D6199 unspecified implant procedure, by report**

### **Fixed Prosthodontics**

#### Fixed Partial Denture Pontics

D6205 pontic – indirect resin based composite  
D6210 pontic - cast high noble metal  
D6211 pontic - cast predominantly base metal  
D6212 pontic - cast noble metal  
D6214 pontic - titanium  
D6240 pontic - porcelain fused to high noble metal  
D6241 pontic - porcelain fused to predominantly base metal  
D6242 pontic - porcelain fused to noble metal  
D6245 pontic - porcelain/ceramic  
D6250 pontic - resin with high noble metal  
D6251 pontic - resin with predominantly base metal  
D6252 pontic - resin with noble metal  
D6253 provisional pontic  
D6254 interim pontic

#### Fixed Partial Denture Retainers – Inlays/Onlays

D6545 retainer - cast metal for resin bonded fixed prosthesis  
D6548 retainer - porcelain/ceramic for resin bonded fixed prosthesis  
D6600 inlay - porcelain/ceramic, two surfaces  
D6601 inlay - porcelain/ceramic, three or more surfaces  
D6602 inlay - cast high noble metal, two surfaces  
D6603 inlay - cast high noble metal, three or more surfaces  
D6604 inlay - cast predominantly base metal, two surfaces  
D6605 inlay - cast predominantly base metal, three or more surfaces  
D6606 inlay - cast noble metal, two surfaces  
D6607 inlay - cast noble metal, three or more surfaces  
D6608 onlay -porcelain/ceramic, two surfaces  
D6609 onlay - porcelain/ceramic, three or more surfaces  
D6610 onlay - cast high noble metal, two surfaces  
D6611 onlay - cast high noble metal, three or more surfaces  
D6612 onlay - cast predominantly base metal, two surfaces  
D6613 onlay - cast predominantly base metal, three or more surfaces  
D6614 onlay - cast noble metal, two surfaces  
D6615 onlay - cast noble metal, three or more surfaces  
D6624 inlay - titanium  
D6634 onlay - titanium

#### Fixed Partial Denture Retainers - Crowns

D6710 crown – indirect resin based composite  
D6720 crown - resin with high noble metal  
D6721 crown - resin with predominantly base metal  
D6722 crown - resin with noble metal  
D6740 crown - porcelain/ceramic  
D6750 crown - porcelain fused to high noble metal  
D6751 crown - porcelain fused to predominantly base metal  
D6752 crown - porcelain fused to noble metal

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D6780 crown - 3/4 cast high noble metal  
D6781 crown - 3/4 cast predominantly base metal  
D6782 crown - 3/4 cast noble metal  
D6783 crown - 3/4 porcelain/ceramic  
D6790 crown - full cast high noble metal  
D6791 crown - full cast predominantly base metal  
D6792 crown - full cast noble metal  
D6793 provisional retainer crown  
D6794 crown - titanium  
D6795 interim retainer crown

#### Other Fixed Partial Denture Services

D6920 connector bar  
D6930 recement fixed partial denture  
D6940 stress breaker  
D6950 precision attachment  
D6970 indirect (cast) post and core in addition to fixed partial denture retainer  
D6972 prefabricated post and core in addition to fixed partial denture retainer  
D6973 core build up for retainer, including any pins  
D6975 coping - metal  
D6976 each additional cast post - same tooth  
D6977 each additional prefabricated post - same tooth  
D6980 fixed partial denture repair, by report  
D6985 pediatric partial denture, fixed  
D6999 unspecified, fixed prosthodontic procedure, by report

#### Oral & Maxillofacial Surgery

##### Extractions

D7111 coronal remnants - deciduous tooth  
D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

##### Surgical Extractions

D7210 surgical removal of erupted tooth requiring removal of bone and/or section of tooth and including elevation of mucoperiosteal flap if indicated  
D7220 removal of impacted tooth - soft tissue  
D7230 removal of impacted tooth - partially bony  
D7240 removal of impacted tooth - completely bony  
D7241 removal of impacted tooth - completely bony, with unusual surgical complications  
D7250 surgical removal of residual tooth roots (cutting procedure)  
D7251 coronectomy—intentional partial tooth removal

##### Other Surgical Procedures

D7260 oroantral fistula closure  
D7261 primary closure of a sinus perforation  
D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth  
D7272 tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)  
D7280 surgical access of an unerupted tooth  
D7282 mobilization of erupted or malpositioned tooth to aid eruption  
D7285 biopsy of oral tissue - hard (bone, tooth)  
D7286 biopsy of oral tissue - soft (all others)  
D7287 cytology sample collection  
D7288 brush biopsy – transepithelial sample collection  
D7290 surgical repositioning of teeth  
D7291 transseptal fiberotomy/supra crestal fiberotomy by report

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D7292 surgical placement of temporary anchorage device requiring flap [screw retained plate]
- D7293 surgical placement of temporary anchorage device requiring flap
- D7294 surgical placement of temporary anchorage device without flap
- D7295 harvest of bone for use in autogenous grafting procedure

#### Alveoloplasty

- D7310 alveoloplasty in conjunction with extractions – four or more teeth per quadrant
- D7311 alveoloplasty in conjunction with extractions – one to three teeth per quadrant
- D7320 alveoloplasty not in conjunction with extractions – four or more teeth per quadrant
- D7321 alveoloplasty not in conjunction with extractions – one to three teeth per quadrant

#### Vestibuloplasty

- D7340 vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 vestibuloplasty - ridge extension

#### Surgical Excision of Soft Tissue Lesions

- D7410 excision of benign lesion up to 1.25 cm
- D7411 excision of benign lesion greater than 1.25 cm
- D7412 excision of benign lesion, complicated
- D7413 excision of malignant lesion up to 1.25 cm
- D7414 excision of malignant lesion greater than 1.25 cm
- D7415 excision of malignant lesion, complicated
- D7465 destruction of lesion(s) by physical or chemical method, by report

#### Surgical Excision of Intra-Osseous Lesions

- D7440 excision of malignant tumor - lesion diameter up to 1.25 cm
- D7441 excision of malignant tumor - lesion diameter greater than 1.25 cm
- D7450 removal of benign odontogenic cyst or tumor -lesion diameter up to 1.25 cm
- D7451 removal of benign odontogenic cyst or tumor -lesion diameter greater than 1.25 cm
- D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
- D7461 removal of benign nonodontogenic cyst or tumor -lesion diameter greater than 1.25 cm

#### Excision of Bone Tissue

- D7471 removal of lateral exostosis (maxilla or mandible)
- D7472 removal of torus palatinus
- D7473 removal of torus mandibularis
- D7485 surgical reduction of osseous tuberosity
- D7490 radical resection of mandible with bone graft

#### Surgical Incision

- D7510 incision and drainage of abscess - intraoral soft tissue
- D7511 incision and drainage of abscess - intraoral soft tissue, complicated, multiple spaces
- D7520 incision and drainage of abscess - extraoral soft tissue
- D7521 incision and drainage of abscess - extraoral soft tissue, complicated, multiple spaces
- D7530 removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
- D7540 removal of reaction producing foreign bodies, musculoskeletal system
- D7550 partial ostectomy/sequestrectomy for removal of non vital bone
- D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

#### Treatment of Fractures - Simple

- D7610 maxilla - open reduction (teeth immobilized, if present)
- D7620 maxilla - closed reduction (teeth immobilized, if present)
- D7630 mandible - open reduction (teeth immobilized, if present)
- D7640 mandible - closed reduction (teeth immobilized, if present)

RFP No: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

- D7650 malar and/or zygomatic arch - open reduction
- D7660 malar and/or zygomatic arch - closed reduction
- D7670 alveolus - closed reduction, may include stabilization of teeth
- D7671 alveolus - open reduction, may include stabilization of teeth
- D7680 facial bones - complicated reduction with fixation and multiple surgical approaches

#### Treatment of Fractures - Compound

- D7710 maxilla open reduction
- D7720 maxilla - closed reduction
- D7730 mandible - open reduction
- D7740 mandible - closed reduction
- D7750 malar and/or zygomatic arch - open reduction
- D7760 malar and/or zygomatic arch - closed reduction
- D7770 alveolus open reduction stabilization of teeth
- D7771 alveolus, closed reduction stabilization of teeth
- D7780 facial bones - complicated reduction with fixation and multiple surgical approaches

#### Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

- D7810 open reduction of dislocation
- D7820 closed reduction of dislocation
- D7830 manipulation under anesthesia
- D7840 condylectomy
- D7850 surgical discectomy, with/without implant
- D7852 disc repair
- D7854 synovectomy
- D7856 myotomy
- D7858 joint reconstruction
- D7860 arthrotomy
- D7865 arthroplasty
- D7870 arthrocentesis
- D7871 non-arthroscopic lysis and lavage
- D7872 arthroscopy - diagnosis, with or without biopsy
- D7873 arthroscopy - surgical: lavage and lysis of adhesions
- D7874 arthroscopy - surgical: disc repositioning and stabilization
- D7875 arthroscopy - surgical: synovectomy
- D7876 arthroscopy - surgical: discectomy
- D7877 arthroscopy - surgical: debridement
- D7880 occlusal orthotic device, by report
- D7899 unspecified TMD therapy, by report

#### Repair of Traumatic Wounds

- D7910 suture of recent small wounds up to 5 cm

#### Complicated Suturing

- D7911 complicated suture - up to 5 cm
- D7912 complicated suture - greater than 5 cm

#### Other Repair Procedures

- D7920 skin graft (identify defect covered, location and type of graft)
- D7940 osteoplasty - for orthognathic deformities
- D7941 osteotomy - mandibular rami
- D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft
- D7944 osteotomy - segmented or subapical - per range of teeth
- D7945 osteotomy - body of mandible

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Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D7946 LeFort I (maxilla - total)  
D7947 LeFort I (maxilla - segmented)  
D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft  
D7949 LeFort II or LeFort III - with bone graft  
D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report  
D7951 sinus augmentation with bone or bone substitutes  
D7953 bone replacement graft for ridge preservation – per site  
D7955 repair of maxillofacial soft and hard tissue defect  
D7960 frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure  
D7963 frenuloplasty  
D7970 excision of hyperplastic tissue - per arch  
D7971 excision of pericoronal gingiva  
D7972 surgical reduction of fibrous tuberosity  
D7980 sialolithotomy  
D7981 excision of salivary gland, by report  
D7982 sialodochoplasty  
D7983 closure of salivary fistula  
D7990 emergency tracheotomy  
D7991 coronoidectomy  
D7995 synthetic graft - mandible or facial bones, by report  
D7996 implant-mandible for augmentation purposes (excluding alveolar ridge), by report  
D7997 appliance removal (not by dentist who placed appliance), includes removal of arch-bar  
D7998 intraoral placement of a fixation device not in conjunction with a fracture  
D7999 unspecified oral surgery procedure, by report

## **Orthodontics**

### **Limited Orthodontic Treatment**

D8010 limited orthodontic treatment of the primary dentition  
D8020 limited orthodontic treatment of the transitional dentition  
D8030 limited orthodontic treatment of the adolescent dentition  
D8040 limited orthodontic treatment of the adult dentition

### **Interceptive Orthodontic Treatment**

D8050 interceptive orthodontic treatment of the primary dentition  
D8060 interceptive orthodontic treatment of the transitional dentition

### **Comprehensive Orthodontic**

D8070 comprehensive orthodontic treatment of the transitional dentition  
D8080 comprehensive orthodontic treatment of the adolescent dentition  
D8090 comprehensive orthodontic treatment of the adult dentition

### **Minor Treatment to Control Harmful Habits**

D8210 removable appliance therapy  
D8220 fixed appliance therapy

### **Other Orthodontic Services**

D8660 pre-orthodontic treatment visit  
D8670 periodic orthodontic treatment visit (as part of contract)  
D8680 orthodontic retention (removal of appliances, construction and placement of retainer(s))  
D8690 orthodontic treatment (alternative billing to a contract fee)  
D8691 repair of orthodontic appliance.  
D8692 replacement of lost or broken retainer

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Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_

D8693 rebonding or recementing and/or repair of fixed retainer  
D8999 unspecified orthodontic procedure, by report

### **Adjunctive General Services**

#### Unclassified Treatment

D9110 palliative (emergency) treatment of dental pain - minor procedure  
D9120 fixed partial denture sectioning

#### Anesthesia

D9210 local anesthesia not in conjunction with operative or surgical procedures  
D9211 regional block anesthesia  
D9212 trigeminal division block anesthesia  
D9215 local anesthesia in conjunction with operative or surgical procedures  
D9220 deep sedation/general anesthesia first 30 minutes  
D9221 deep sedation/general anesthesia each additional 15 minutes  
D9230 inhalation of nitrous oxide / anxiolysis, analgesia  
D9241 intravenous conscious sedation/analgesia first 30 minutes  
D9242 sedation/analgesia -intravenous conscious each additional 15 minutes  
D9248 non-intravenous conscious sedation

#### Professional Consultation

D9310 consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

#### Professional Visits

D9410 house/extended care facility call  
D9420 hospital or ambulatory surgical center call  
D9430 office visit for observation (during regularly scheduled hours) - no other services performed  
D9440 office visit - after regularly scheduled hours  
D9450 case presentation, detailed and extensive treatment planning

#### Drugs

D9610 therapeutic parenteral drug injection, single administration, by report  
D9612 therapeutic parenteral drug injection, two or more administrations, by report  
D9630 other drugs and/or medicaments, by report

#### Miscellaneous Services

D9910 application of desensitizing medicament  
D9911 application of desensitizing resin for cervical and/or root surface, per tooth  
D9920 behavior management, by report  
D9930 treatment of complications (post-surgical) - unusual circumstances, by report  
D9940 occlusal guard, by report  
D9941 fabrication of athletic mouthguard  
D9942 repair and/or relining of occlusal guard  
D9950 occlusion analysis - mounted case  
D9951 occlusal adjustment - limited  
D9952 occlusal adjustment - complete  
D9970 enamel microabrasion  
D9971 odontoplasty 1 - 2 teeth; includes removal of enamel projections  
D9972 external bleaching - per arch  
D9973 external bleaching - per tooth  
D9974 internal bleaching - per tooth  
D9999 unspecified adjunctive procedure, by report



RFP No: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
<p>1. At least 90% of children will have completed the following immunizations (4 DTaP, 3 Polio (IPV), 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age.</p> <p>Note:            Include children who turned 2 years old during the measurement year and had at least one medical visit during the reporting year preceding their second birthday.</p>	<p>(a) The number of children who turned 2 years old during the measurement year and who had at least one medical visit during the reporting year preceding their second birthday was ____.</p> <p>(b) The # of charts randomly selected from (a) is ____.            (This number should be either 10% of the universe as defined in (a) above, or 70 charts, whichever is greater.)</p> <p>(c) # of children that completed the specified immunizations was ____.</p> <p>(d) Percentage (c divided by b) of children who received their specified basic immunizations by 2 yrs. old was ____%.</p>	<p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p>	<p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p>	<p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p>	<p>(a) The estimated proportion of children who will complete the following immunizations (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B, 1 VZ, and 4 Pneumococcal conjugate) by 2 years of age is ____%.</p>	

RFP No: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
<p>2A. At least 80% of all children 2 years of age and under will have undergone screening for developmental delays.</p> <p>Note:</p> <p>Include children who turned 2 years old during the measurement year and had at least one medical visit during the reporting year preceding their second birthday.</p> <p>Developmental screening must be performed using either the PEDS (parent's evaluation of developmental status) or ASQ (ages &amp; stages questionnaire) tools.</p>	<p>(a) Number of children who turned 2 years old during the measurement year and who had at least one medical visit during the reporting year preceding their second birthday was ____.</p> <p>(b) The number of charts randomly selected from a) is ____.</p> <p>(This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children 2 years old and under who received screening for developmental delays was ____.</p> <p>(d) Percentage (c divided by b) of children who received screening for developmental delays was ____%. Specify tool used: _____</p> <p>_____</p>	<p>(a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays is ____%.</p>	<p>(a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays is ____%.</p>	<p>a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays is ____%.</p>	<p>a) The estimated proportion of all children 2 years old and under who will receive screening for developmental delays is ____%.</p>	

RFP No: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
<p>2B. At least 80% of all children 30 months of age and under will have undergone screening for autism using the M-CHAT (Modified Checklist for Autism in Toddlers) tool.</p> <p>Note: Include children who turned 30 months old during the reporting year and had at least one medical visit during the reporting year preceding the age of 30 months.</p>	<p>(a) Number of children 30 months old during the measurement year and who had at least one medical visit during the reporting year preceding the age of 30 months.</p> <p>(b) The number of charts randomly selected from a) is _____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected the number of children 30 months of age and under who received screening for autism was ____.</p> <p>(d) Percentage (c divided by b) of children who received autism screening was ____%.</p>	<p>(a) The estimated proportion of all children 30 months of age and under who will receive screening for autism is ____%.</p>	<p>(a) The estimated proportion of all children 30 months of age and under who will receive screening for autism is ____%.</p>	<p>(a) The estimated proportion of all children 30 months of age and under who will receive screening for autism is ____%.</p>	<p>(a) The estimated proportion of all children 30 months of age and under who will receive screening for autism is ____%.</p>	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
<p>3. At least 50% of all children 2 years old and under will have at least one dental visit (as reported by mother/caregiver, dental office, or other reliable source.)</p> <p>Note: Include the number of children who turned 2 years old during the reporting year and had at least one medical visit during the reporting year preceding their second birthday.</p>	<p>(a) Number of children who turned 2 years old during the reporting year and had at least one medical visit during the reporting year preceding their second birthday.</p> <p>(b) The number of charts randomly selected (This number should be either 10% of the universe as defined in (a) above, or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children 2 years old and under who had at least one dental visit was ____.</p> <p>(d) Percentage (c divided by b) of children who had at least one dental visit was ____%.</p>	<p>(a) The estimated proportion of all children 2 years old and under who had at least one dental visit was ____%.</p>	<p>(a) The estimated proportion of all children 2 years old and under who had at least one dental visit was ____%.</p>	<p>(a) The estimated proportion of all children 2 years old and under who had at least one dental visit was ____%.</p>	<p>(a) The estimated proportion of all children 2 years old and under who had at least one dental visit was ____%.</p>	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
4. At least 80% of all children ages 2-17 years with a BMI >85th% (overweight) will have healthy weight (nutrition and physical activity) counseling documented in their medical record within the past year.	<p>(a) Number of children ages 2-17 years with BMI's that are overweight &gt;85% was ____.</p> <p>(b) The number of charts randomly selected from (a) is ____.            (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of children ages 2-17 years assessed to be overweight who received healthy weight counseling was ____.</p> <p>(d) Percentage (c divided by b) of children who received healthy weight counseling documented in their medical record within the past year was ____%.</p>	(a) The estimated proportion of children ages 2-17 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.	(a) The estimated proportion of children ages 2-17 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.	a) The estimated proportion of children ages 2-17 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.	a) The estimated proportion of children ages 2-17 years with BMI's that are overweight who will receive healthy weight (nutrition and physical activity) counseling documented in their medical records within the past year is ____%.	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
5. At least 50% of adults ages 18 -75 years old with type 1 or type 2 diabetes, whose last HBA1C was <7%.	<p>(a) The number of adults ages 18-75 years old with diagnosis of diabetes was ____.</p> <p>(b) The number of charts randomly selected from a) is ____.            (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults ages 18-75 whose last HBA1C was &lt;7% was ____.</p> <p>(d) Percentage (c divided by b) of adults who had HBA1C less &lt; 7% ____%.</p>	(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.	(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.	(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.	(a) The estimated proportion of adults with diabetes who will have HBA1C <7% is ____%.	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
6A. At least 90% of adults 65 years or older will have at least one documented pneumococcal vaccination at age 65 or older.	<p>(a) Number of adults aged 65 yrs. or older was ____.</p> <p>(b) The number of charts randomly selected from a) is ____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults aged 65 years or older with at least one documented pneumococcal vaccination at age 65 or older was ____.</p> <p>(d) Percentage (c divided by b) of adults with at least one documented pneumococcal vaccination at age 65 or older was ____%.</p>	(a) The estimated proportion of adults ages 65 yrs. or older who will have at least one documented pneumococcal vaccination at age 65 or older is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have at least one documented pneumococcal vaccination at age 65 or older is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
6B. At least 90% of adults 65 years or older will have an annual seasonal influenza vaccination during the prior influenza season.	<p>(a) Number of adults aged 65 yrs. or older was ____.</p> <p>(b) The number of charts randomly selected from a) is ____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults age 65 years or older with an annual seasonal influenza vaccination during the prior influenza season was ____.</p> <p>(d) Percentage (c divided by b) of adults with an annual seasonal influenza vaccination during the prior influenza season was ____%.</p>	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	(a) The estimated proportion of adults ages 65 yrs. or older who will have an annual seasonal influenza vaccination during the prior influenza season is ____%.	



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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
7. At least 50% of adults 18-75 years of age diagnosed with diabetes will have undergone depression screening.	<p>(a) Actual number of adults with diabetes was ____.</p> <p>(b) The number of charts randomly selected from a) is (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>c) From the charts selected, the number of adults ages 18-75 who received depression screening was ____.</p> <p>d) Percentage (c divided by b) of adults ages 18-75 years of age who received depression screening was ____%.</p>	(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.	(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.	(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.	(a) The estimated proportion of adults with diabetes who will receive depression screening is ____%.	

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Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Baseline for FY 2012	FY 2014	FY 2015	FY 2016	FY 2017	
8. Increase to at least 50% the proportion of adults ages 18-85 diagnosed with hypertension whose most recent blood pressure was less than 140/90.	<p>(a) Number of adults ages 18-85 with hypertension was ____.</p> <p>(b) The number of charts randomly selected from (a) is _____. (This number should be either 10% of the universe as defined in (a) above), or 70 charts, whichever is greater.)</p> <p>(c) From the charts selected, the number of adults ages 18-85 with hypertension whose most recent blood pressure was less than 140/90 was ____.</p> <p>(d) Percentage (c divided by b) of adults with hypertension , whose most recent blood pressure was less than 140/90 was____%.</p>	(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.	(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.	(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.	(a) The estimated proportion of adults with hypertension whose most recent blood pressure will be less than 140/90 is ____ %.	